BIRTH MO.  1. PLACE OF DEATH  a. COUNTY  D. CITY (III coulds composed lines, with BURAL and give coverable)  OR St. Louis, Mo.  1. PLACE OF DEATH  a. COUNTY  OR St. Louis, Mo.  CITY OR St. Louis or CITY OR CITY OR St. Louis or Coverable or Possible or CITY OR CITY OR St. Louis or CITY	IL APR 18	1950		THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH  State File No.							
a. COUNTY  D. CITY (If contains corpurate limits, write RURAL and give covariable)  D. CITY (If contains corpurate limits, write RURAL and give covariable)  D. CITY (If contains corpurate limits, write RURAL and give covariable)  D. CITY (If contains contains contains)  D. CITY (If contains contains contains contains)  D. CITY (If contains contains contains contains)  D. CITY (If contains contain	BIRTH NO			218		10	003		3644		
ORN St. Louis, Mo. covamble) 2 Minorities  d. FULL NAME OF (if not in bacyllad or backluche, ever steet address or location) (NSTITUTION C. thristien Hospital)  3. NAME OF (if not in bacyllad or backluche, ever steet address or location) (NSTITUTION C. thristien Hospital)  3. NAME OF (if not in bacyllad or backluche, ever steet address or location) (Type or Print)  5. SEX / S. COLOR OR RACE   7. MARRISD, NEVER MRRISD, S. DATE OF BIRTH OCT. 28, 1882   9. AEE (is year) for score into a print of coordinate or schize like, sent if retired)  10a. USUAL OCCUPATION (like-bailed dress) At Home   10b. KIND OF BUSINESS OR IN: 10. BIRTHPLACE (Cit, and State or Favriga Country)   12. CITIZENC COUNTRY)  10b. SUAL OCCUPATION (like-bailed or schize like, sent if retired)  10b. KIND OF BUSINESS OR IN: 10. BIRTHPLACE (Cit, and State or Favriga Country)   12. CITIZENC COUNTRY)  10c. SUAL OCCUPATION (like-bailed or schize)  10c. SUAL OCCUPATION (like-bailed or schize)  10c. SUAL OCCUPATION (like-bailed or schize)  10c. KIND OF BUSINESS OR IN: 10. BIRTHPLACE (Cit, and State or Favriga Country)   12. CITIZENC COUNTRY)  10c. SUAL OCCUPATION (like-bailed or schize)  10c. KIND OF BUSINESS OR IN: 10. BIRTHPLACE (Cit, and State or Favriga Country)   12. CITIZENC COUNTRY)  10c. SUAL OCCUPATION (like-bailed or schize)  10c. KIND OF BUSINESS OR IN: 10. BIRTHPLACE (Cit, and State or Favriga Country)   12. CITIZENC COUNTRY)  10c. ACLIDENT   10c.		EATH .							titution: residence be admiss		
ADDRESS 3052 Bayard Avenue,  CLASSI)  ADDRESS 3052 Bayard Avenue,  ADDRESS 3054 Bayard Avenue,  ADDRESS	OR		URAL and give town	c. LENGTH OF STAY (La this place) 2 Months	c. CITY OR TOWN	St/ Louis	1	d. Is Resi a city Yes	idence within limits of or incorporated town?		
3. NAME OF DECEASED IF TRICES B. (Middle) C. (Last)  (Last) Frances B. (Middle) C. (Last)  (Type or Princi)  Frances B. (Middle) C. (Last)  Frances B. (Middle) C. (Middle) C. (Last)  Frances B. (Middle) C. (Last)  Fra	d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or in Christian			ADDRESS	3052 Baye	al. giva location) ard Avenu	e, 2	869		
S. SEX   G. COLOR OR RACE   7. MARRIED. NEVER MARRIED   8. DATE OF BIRTH   DEATH   April   2. 194   Months   Dear   Toom   Toom   Toom   Toom   Dear   Toom   Toom	3. NAME OF	a. (First)		b. (Middle)	c. (Las	st)	4. DATE		(Day) (Year)		
Permale   White   Windy   Day   Cot. 28, 1882   TO   Months   Day   Recurry   Cot. 28, 1882   TO   Months   Day   Cot. 28, 1882   To   Cot. 28,		Frances		E.	Henk	el	DEATH	April	2, 1953		
St. Louis   Mo.   Country   U.S.A.	/ /	_	7. MARRIEI WIDOWE M81	D. NEVER MARRIED, D. DIVORCED (Specify)			last birthday	ears IF UNDER	Days Hours M		
13b. MOTHER'S MANE   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   15. WAS OF DEATH   15. WAS OF DEATH   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. CAUSE OF DEATH   18. CAUSE O	done during most of wo	rking Ule, even if retired)	l * .	DUSTRY		(City and 3	tate or Foreign C	ountry)	12. CITIZEN OF WI		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY IN ON THOUGH IT SET IN THE PROPERTY OF THE PRO				<del></del>	<del></del>		AME OF HUSBA	ND'OR FIFE			
(Yes, no. vershoows)  (If yes, give war or dates of service)  (I) Disease or constance of the constance of t	Frank Metz	schke	1	Unknown		j Ma	e Edgar	T. Henl	kel.		
III. CAUSE OF DEATH Enter only one cause oper Inter only one cause of the above cause (a) stating the mode of sping, such as heart failure, asthenia, cate, injury, or complication which caused death.  III. OTHER SIGNIFICANT CONDITION  DUE TO (b)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease of condition causing death.  IPS. DATE OF OPERATION  21a. ACCIDENT SUICIDE 21d. TIME (Month) OF INJURY  22 In hereby certify that I attended the deceased from alive on  13	15. WAS DECEASED E	VER IN U.S. ARMED F	ORCES? 16		17. INFORM	ANT'S SIG	NATURE OR	NAME	ADDRES:		
Enter only one-cause per line for (a), (b), and (c)  *This does not mean the discussion of the mode of dring, such as heart-failure, exthenia, such as heart-failure,	No. or unknown)	III New kine mat ot dates t	OI SELVICE)		Edgar T	• Henkel	, 3052 Ba	yard A	venue,		
Conditions contributing to the death but not related to the disease of condition cousing death.  19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) OF (NJURY)  21e. INJURY OCCURRED WHILE AT WORK  22. I hereby certify that I attended the deceased from alive on	*This does not mean the mode of dying, such as heart failure, asthenia etc. It means the dis	ANTECEDENT CA Morbid conditions rise to the above ca the underlying cau	NG TO DEATH LUSES , if any, givin tuse (a) statin se last.	g DUE TO (b)		·	•	. : '			
TION    21b. PLACE OF INJURY (e.g., In or about SUICIDE HOMICIDE   21b. PLACE OF INJURY (e.g., In or about bome, farm, factory, street, office bidg., etc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE SUICIDE HOMICIDE   21c. INJURY OCCURRED OF INJURY   21c. INJURY OCCURRED WHILE AT WORK   21f. HOW DID INJURY OCCUR?    21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT WORK   21f. HOW DID INJURY OCCUR?    21d. Time (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT WORK   21f. HOW DID INJURY OCCUR?    21d. Time (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT WORK   21f. HOW DID INJURY OCCUR?    21f. HOW DID INJURY OCCUR?    22f. How DID INJURY OCCUR?   22f. How	ion which caused death								, ,		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from	I9a. DATE OF OPERA		INGS OF OP	of part	م کن	lin.			YES NO		
WHILE AT WORK NOT WHILE NO	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	21b. PLACE OF nome, farm, fact	INJURY (e.g., in or about ory, street, office bldg., etc.)	21c. (CITY, TO	WN, OR TOWNS	HIP) (	COUNTY)	(STATE)		
alive on		h) (Day) (Year) (I	WHI	LEAT - NOT WHILE -	21f. HOW DID	INJURY OCCUR	7		176X		
24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (STREMOVAL Greenty) 4-6-1953 Larel Hill Gardens Wellston, Modern Removal Begistrags Signature 25. Funeral Director's SIGNATURE Address		that I altended the	he deceased ,and tha	from t death occurred at	19 m.,	from the caus	•	•			
TION, REMOVAL (Speedity) 4-6-1953 Larel Hill Gardens Wellston, Mo.  DATE REC'D BY LOCAL PEGISTRAR'S SIGNATURE - 1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	23a. SIGNATURE	Klyge	Ma 6	(Degree or title)	23by ADDRESS	<b>,</b> ~~~	(لمئل	(gli	Z3c. DATE SIGNI		
DATE REC'D BY LOCAL   BEDISTRAR'S SIGNATURE     25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. BURIAL, CREM	A- 24b. DATE						own, or coun			
	Removal	4=0=195.	<del></del>	arel Hill G					Mo.		
APR 8 1953   2 101 E. Pall Agent Reference & Son Like., 2101 E. Pall A	DATE REC'D BY LOC APR 8 195		IGNATURE	neth Me							

## STATEMENT BY LICENSED EMBALMER

	I hereby cert	ify that th	e body	whose	name	is	recorded	on th	e reverse	side	of thi	s certifica	te was	embalm
by m	e, or by				•••••	•••				., Stu	ident l	Embalmer	No	•••••

working under my personal supervision..

Licensed Embalmer No. ....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

'' this body is not embalmed, fact should be so stated above.